

State and Consumer Services Agency – Governor Edmund G. Brown Jr.

BOARD OF BARBERING AND COSMETOLOGY





CONSUMER COMPLAINT FORM

| PERSON REGISTERING COMPLAINT | | | | | |
|---|----------------|------------------|--------------|----------|--|
| NAME (FIRST, LAST) | | | | | |
| ADDRESS Number and S | Street | | | | |
| | | | | | |
| City | | | State | Zip Code | |
| DATE OF INCIDENT | BUSINESS PHONE | | HOME PHONE | | |
| E-MAIL ADDRESS | | | | | |
| NOTE: LEAVE PERSONAL INFORMATION SECTION BLANK IF YOU WISH TO FILE THE COMPLAINT ANONYMOUSLY. | | | | | |
| | COMPLAINT | REGISTERED A | | | |
| BUSINESS NAME LICENSEE OR OWN | | LICENSEE OR OWNE | ER NAME | | |
| ADDRESS Number and Street | | | PHONE NUMBER | | |
| City | | | State | Zip Code | |
| | DETAIL | S OF COMPLAI | NT | | |
| STATE YOUR COMPLAINT (If more space is needed, attach an additional sheet) | | | | | |
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| DETAILS OF COMPLAINT | | | | | |
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| | | | | | |

Rev 7/07 Page 1 of 3

| HAVE YOU SPOKEN WITH THE LICENSEE REGARDING THE MATTER? | YES 🗖 N | NO |
|---|--------------------------|---------------------------------|
| IF YES, WHAT WAS THE DATE AND THE RESULT? | | |
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| | | |
| HAVE YOU INTITIATED LEGAL ACTION AGAINST THE LICENSEE? IF YES, WHAT WAS THE DATE AND THE RESULT? | I YES | 10 |
| IF 1ES, WHAT WAS THE DATE AND THE RESOLT! | | |
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| WHAT DO YOU WANT THE BOARD TO DO FOR YOU? | | |
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| | | |
| I HEREBY CERTIFY UNDER PENALTY OF PEJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT T | THE FOREGOING INFORMATIO | N IS TRUE AND CORRECT TO THE |
| BEST OF MY KNOWLEDGE. IF CALLED UPON, I WILL ASSIST IN THE INVESTIGATION AND/OR PROSECUTION IF NECESSARY, SWEAR TO A COMPLAINT, ATTEND HEARINGS AND TESTIFY TO FACTS. PLEASE LEAVE UN | N OF THE RESPONDENT OR O | THER INVOLVED PARTIES, AND WILL |
| | | 33211 |
| | | |
| X | | |
| SIGNATURE | | DATE |

Rev 7/07 Page 2 of 3